



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINERAL MINING
900 Natural Resources Drive
P.O. Box 3727
Charlottesville, VA 22903
(434) 951-6310

ACCIDENT REPORT

Company Name _____ Permit No. _____

Accident Date _____ Time _____ Shift _____

County _____ Telephone No. _____

Contractor Employee: ☐ Yes ☐ No

Contractor Name _____ Contractor No. _____

Address _____ Telephone No. _____

Type: ☐ Medical Treatment ☐ Serious Injury ☐ Fatal

Name of Injured _____ SSN _____

Regular Occupation _____ Total Experience _____

Occupation at Time of Accident _____ Experience _____

Location of Accident: ☐ Mine/Pit ☐ Crushing/Processing ☐ Shop

☐ Loadout/Stockpiles Other (specify) _____

Type of Equipment Involved: ☐ Mobile Equipment ☐ Mine Drill

☐ Crushing ☐ Screening ☐ Conveyors ☐ Bins/Hoppers

☐ Walkways/Platforms/Ladders ☐ Welding/Cutting ☐ Handtools

☐ Other (specify) _____

Body Part Injured: ☐ Eyes ☐ Head ☐ Hand ☐ Arm ☐ Foot

☐ Leg ☐ Back ☐ Other (specify) _____

Nature of Injury _____

Brief Description of Accident _____

Preventive Measures Taken _____

Mine Inspector Completing Form

Date Form Completed and Mailed